ARIZONA STATE BOARD OF HEALTH State File No	
1. PLACE OF BIRTH BUREAU OF VIT	Tregistered tro
STANDARD CERTIFICATE OF BIRTH	
County Gila State Anjona	
District or Township	
City Miann No. 10 19 Depar Hill St. Ward (If birth, occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child Transiques donzales If child is not yet named, make supplemental report, as directed.	
3. Sex of Child To be answered ONLY 4. Twin, triplet or other 6. Legitimate? 7. Date of birth line event of plural births. 5. No., in order of birth yes of birth Month Day Year	
FATHER.	14. MOTHER
Full name Mancigco Yongales	Full maiden name Volores Jimenez
9. Residence (Usual place of abode) Miann / Angona	15. Residence (Usual place of abode) Miann / August
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race	16. Color or race
Mexican 11. Age at last birthdey (Years)	Mexican 17. Age at last birthday 20 (Years)
	18. Birthplace (city or place)
12. Birthplace (city or place)	(State or country) Mex: Co
	(State or country) 19. Occupation Network of Industry
13. Occupation Miner	Nature of Industry
Nature of Industry Cappu	1 4
20. Number of children of this mother	
certified and including this child.) (c) Stillborn	99
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE . 56 Am .on the date above stated.	
(Born alive or stillborn)	
	J. J. Muelu
detc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	(Physician or midwife.)
Given name added from a supplementi report. Address Manuel Grand	
Month, day, year Filesoft 2019 30 (6.6. Annual Registrar.	
Registrar.	Registrar.